



STUDENT GRANT AND EXPENSE VERIFICATION

CASE NAME	CASE NUMBER
COMMUNITY SERVICES OFFICE (CSO)	DATE

SECTION 1: TO BE COMPLETED BY DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

FINANCIAL SERVICES SPECIALIST NAME	TELEPHONE NUMBER
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CLIENT NAME AND ADDRESS

SECTION 2: TO BE COMPLETED BY STUDENT

STUDENT NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	NAME OF SCHOOL
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I authorize the school named above to release information about my schooling to DSHS, the Employment Security Department (ESD), and the Division of Vocational Rehabilitation (DVR). This information includes items such as all financial awards, education expenses, credit hours, attendance information, and grade reports. DSHS will use this information to accurately determine my eligibility for Public Assistance (PA) and/or Food Stamp (FS) benefits. A copy of this form may be given to ESD to determine my eligibility for funds from the JOBS or FIP work programs. A copy of this form may also be given to DVR to determine my eligibility for vocational rehabilitation program services.

The school needs 10 days to complete this form. Attach a copy of your financial aid award to this form and return it to your Community Service Office. Keep the duplicate copy for yourself.

STUDENT SIGNATURE	DATE
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SECTION 3: TO BE COMPLETED BY THE SCHOOL

Student is: ☐ Undergraduate; ☐ Graduate. Student attends: ☐ less than 1/2 time; ☐ 1/2 time or greater.
Period for which award and expenses cover: _____ through _____
MONTH/YEAR MONTH/YEAR

Award funds are issued each: ☐ Quarter ☐ Semester ☐ Other (Specify): _____

The following costs were used in budgeting the student's financial aid award. NOTE: Please consider the student's child care needs when establishing the financial aid need.

1. Total Financial Award:		\$
2. Tuition and fees:	\$	
3. Books and supplies:	\$	
4. Transportation:	\$	
5. Miscellaneous personal expenses:	\$	
6. Sub-total Expenses: (For ESD work programs) (Add lines 2 thru 5)	\$	
7. Dependent care expenses: (For PA/FS programs)	\$	
8. Total Attendance Expenses: (For PA/FS Programs) (Add lines 6 + 7)	\$	
9. Total Financial Award Available: (For PA/FS Programs) (Subtract line 8 from line 1)		\$

FINANCIAL AID REPRESENTATIVE SIGNATURE	TELEPHONE NUMBER	DATE
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